











Why Drug Coverage Matters to You



	Audio	Visual
1.	<p>Host: Hello. I'm Stan Stovall. Welcome to your Centers for Medicare & Medicaid Services and Volume One, Issue Two of "Medicare Covers America." "Medicare Covers America" is a video magazine, produced for communities who care about people with Medicare. Every other month, we join you from the Centers for Medicare & Medicaid Services to talk about a different part of our plan to improve and modernize Medicare.</p> <p>While each issue will have a different cover story, every issue will really be about the same thing: helping you stay healthy, save money, and help others. This month, we look at why drug coverage matters to you. Two of Medicare's top doctors, Medicare Administrator Dr. Mark McClellan and Dr. Charlotte Yeh, will talk with Medicare patients about why people with Medicare need to give their drug coverage a check-up this fall.</p> <p>If you'd like to take a second look at anything you see on "Medicare Covers America," visit us at www.cms.hhs.gov/cable. This is the place to go for a printable Medicare calendar, a transcript of this broadcast, and links to everything we mention. We hope you have questions, comments, or even suggestions about "Medicare Covers America," so please e-mail us at cable@cms.hhs.gov.</p> <p>Today's cover story is: Why Drug Coverage Matters to You.</p> <p>If you have Medicare, or you know someone who does, the chances are good you haven't heard about Medicare Prescription Drug Coverage, beginning in 2006. Now earlier this week, Medicare Administrator Dr. Mark McClellan and Dr. Charlotte Yeh, Director of Medicare's Boston Regional Office, met with three Medicare patients to ask them why drug coverage matters.</p> <p>Before we meet our guests, let's visit the 'Fact File' for a quick look at prescription drug coverage and the role it plays in modern health care.</p>	 

2.	<p>Fact File:</p> <p>According to the Centers for Disease Control and Prevention, Americans went to the doctor 890 million times in 2002. Doctors wrote 1.3 billion prescriptions that year, up 25 percent in 10 years.</p> <p>Leading the list of prescribed drugs were: Non-steroidal anti inflammatory drugs such as Ibuprofen and Naproxen, Anti-depressants, and Antihistamines.</p> <p>The most common diagnoses were: High blood pressure, common cold, sore throat, diabetes, and arthritis/joint diseases.</p>	 A graphic titled "Medicare Fact File" featuring a photograph of three people (two men and one woman) smiling. The text "Medicare Covers America" is visible at the top of the graphic.
3.	<p>Guest: Debra Rowley (Medicare & Medicaid)</p> <p>"I've always worked, and I was working two jobs, and I figured by me working the two jobs, that was the reason why I was always tired, fatigued a lot, always grouchy and irritable. And then one night, I couldn't lay down on my stomach or my back, and something told me, you need to get to the emergency room. And prior to that ... just swelling in my feet. Like I said, I thought it was because of me working two jobs. And when I went to the hospital, 12:00 midnight, January 17, 2003, that's the day my life changed. It's the day they told me I had end-stage renal failure, and it was really a shock to me.</p> <p>PhosLo is a medicine that I have to take the rest of my life. It helps me balance my phosphorus in your body. A lot of foods contain a lot of phosphorus. A lot of meats, a lot of vegetables, a lot of things that they have out here, I can't eat. And when you have to take this, it balances that out so your arteries won't harden on you, and if that happens, it's sudden death. And this is a major medicine, and I take 21 of these a day.</p> <p>Sensipar, it's a medicine that they had out 5 years now, and it's helped people stabilize your phosphorus. Of course, I have to take a vitamin. You have to take a vitamin every day, which also, you need to help your bones, to provide the other two medications, and then also I have high blood pressure, so I have to take these every day. I was taking two, but he made it where I can just take one, and to keep my pressure stable.</p>	 A photograph of Debra Rowley, a Black woman, sitting and holding a small white pill bottle in her hand. She is looking towards the camera with a serious expression.



	<p>And I hear my mother talk about her medicine, she has diabetes, and how she has insurance and how she talks about how high her medicine is, and I said, "Wow, that's a lot of money." It really is. It's expensive. It really is.</p>	
4.	<p>Dr. Mark McClellan: Debra, I want to thank you for joining us today, as we're working to help people who may never think about the importance of prescription drug coverage, to help them understand how important it can be to them.</p> <p>Now, am I right in saying that your health depends both on the dialysis that you get for your kidney disease and the prescription drugs that help you prevent the complications from the diseases?</p>	
5.	<p>Debra: Yes, it does, because in 2003, I was diagnosed with kidney failure, and my first thought was, how am I going to pay for this medicine? And since I've been on dialysis, I did a lot of study, and I studied my medication, and I realized how expensive that it is. Every day, I have to take 30 pills, and I have to take it. I can't stop the dosage. If I stop the dosage, you'll feel it, in your bones, in your body, period.</p>	
6.	<p>Dr. Charlotte Yeh: Debra, am I right that Medicare covers your dialysis services and Medicaid is the one that actually fills your prescriptions right now?</p>	
7.	<p>Debra: Yes.</p>	
8.	<p>Dr. Yeh: I thought you'd be interested in knowing that in January of 2006, Medicare is actually going to also start paying for your prescription drugs and Medicaid will continue to cover those services that Medicare can't cover.</p> <p>So, I was just curious: are you satisfied with the drug coverage that you have now?</p>	



9.	Debra: I'm very satisfied, because I don't think I could've did it on my own.	
10.	Dr. Yeh: Well, that's great. And all the drugs that you need and your physician says you need, they're all covered? Including the brand and the --	
11.	Debra: Yes, generic brand. Every last one of them.	
12.	Dr. Yeh: Well, that's terrific.	
13.	Dr. McClellan: Now, what I wanted to talk to you about this year is what is coming up with the changes that are coming in your coverage. You've been getting your drug coverage from Medicaid, you've been getting your dialysis coverage from Medicare, and now they're both going to be coming from Medicare. I think one of the main things, I'm sure, that you're interested in is whether that drug coverage can continue uninterrupted, whether you can keep getting all those medicines filled.	
14.	Debra: I would like it to continue, because I have dialysis 3 times a week, and dialysis is \$3,000 a day, and to have them merging is really good for a lot of people, like me, myself with dialysis--on dialysis, so I'm glad that they are merging, so that people wouldn't have to keep worrying about where they're going to be able to get money to afford it.	
15.	Dr. McClellan: Many states have had trouble in continuing their Medicaid drug coverage, and that's one of the main reasons it's very important right now that Medicare steps in to make sure that everyone on the Medicare Program is getting all the medicines that they need.	



16.	Debra: Being an individual, I know a lot of people will be appreciative for that, because a lot of people feel the same way I'm feeling. How am I going to get through this? I need my medicine to survive, so...	
17.	Dr. McClellan: You're not alone in that. Altogether in the United States, there are about 9 million people who have Medicare and also have Medicaid. Many of those people get their drug coverage from Medicaid, but some of them don't even have drug coverage at all. They're in what are called the Medicare Savings Programs, and many of those people just have some help with their Medicare costs, but they don't get prescription drug coverage. What we're going to do to help make sure the new Medicare Drug Coverage works for you and these other 9 million Americans is automatically enroll you in the New Medicare Prescription Drug Benefit when it starts next year. What you're going to hear about from us is some information starting in the fall about how you're going to get your drug coverage starting in January. The main thing is that all the drugs you need are going to continue to be covered: The brand-name drugs, the generic drugs, all the different kinds of medicines that are important to keep you healthy with your dialysis. You'll hear in October about a specific plan that you've been assigned to, but there will also be other choices available, and any time between October 15th and the end of the year, you can choose one of those other plans. To find out more about the plans that are available, you can go to our phone help line at 1-800-MEDICARE, and it's available 24 hours a day, 7 days a week, or there's going to be face-to-face help available right here in your Community to assist you as well. Debra, thank you very much for joining us.	
18.	Debra: Thank you.	

19.	<p>Fact File</p> <p>According to research by the Centers for Medicare & Medicaid Services, people who have Medicare, but do not have drug coverage fill one third fewer prescriptions than people with drug coverage.</p> <p>People who have both Medicare and prescription drug coverage spend half as much on drugs as people who only have Medicare.</p> <p>A study published in Health Affairs found that people with high blood pressure, who don't have drug coverage, were more likely to go without their medicines and to reduce the total number of doses they take.</p>	 A graphic titled "Medicare Covers America" with a subtitle "Fact File". It features a photograph of three people, two men and one woman, smiling.
20.	<p>Guest: Andrew Franks (Medicare & State Pharmacy Assistance Program)</p> <p>It started with the heart attack that I had in '92, and then in '97, I was diagnosed with rheumatoid arthritis, and then in 2000, diabetes, and the diabetic neuropathy that comes with it.</p> <p>I can't even pronounce some of this stuff. The Isobordmono is for heart. Metoprolol is for blood pressure. I take a coated aspirin. Diovan HCT for my heart. I take Zocor for cholesterol. Nitroglycerin is for my chest pain. Claritin, I have a sinus condition. Prednisone for my rheumatoid arthritis. Lasix for my fluid. Tricor, which is another cholesterol medicine. I was taking Actos for my diabetes. Lexapro for depression.</p> <p>Uh, I take a potassium supplement too, because of the fluid builds. There are, uh, a couple of heart medications that my cardiologist wanted to put me on in order to help me with, uh, the thinning of my blood rather than just an aspirin, but it is an expensive drug and it's one that he wasn't able to furnish with samples, so I wasn't able to afford it. I don't take that medication.</p> <p>Although I have a family history of heart problems, it was something that I never really connected with myself; working, being very busy. And when did have a heart attack, I was totally unprepared for it.</p>	 A photograph of a man, Andrew Franks, standing outdoors. He is wearing a dark t-shirt, a light-colored jacket, and a baseball cap. He is holding a bag in his right hand.


	It really caught me by surprise, and therein lays the problem. Had I been a little prepared for it, I might've been able to handle things a little differently.	
21.	Dr. Yeh: Andrew, I understand that you've had quite a family history with heart problems. Going, you know, back through your parents, and can you tell me a little bit about that?	
22.	Andrew: Yes, my father was 55 when he had his heart attack. And my mother suffered many years with heart failure.	
23.	Dr. Yeh: I can imagine back then, what, some 30 years ago, we didn't have the kinds of prescription drugs that we have now. Do you think it might have made a difference?	
24.	Andrew: Oh, definitely, and I feel very fortunate that I have the medications that are available today.	
25.	Dr. Yeh: Well, we're really glad that we have those medications available now, and with Medicare coming with a new prescription drug benefit, I'm hoping that it's going to be even more helpful. And how have you been managing covering all the drugs you take now?	
26.	Andrew: Well, actually, I have some really great doctors that have been able to help me with samples and things of that nature. The Maryland Pharmaceutical Program has helped also. But without the samples, quite frankly, I don't think I could've taken a lot of medications I take.	




27.	Dr. McClellan: That's because the help that you get from the Pharmaceutical Assistance Program. While it's important, it still leaves a lot of costs that you have to pay on your own.	
28.	Andrew: Oh, absolutely.	
29.	Dr. McClellan: Yeah, and those prescription samples are great, but it's not always the most reliable way to get the medicines that you need. With the new Medicare Prescription Drug Coverage that's coming, you're going to be able to get help affording your medicines. You're not going to have to need those samples so much anymore.	
30.	Andrew: It is exciting.	
31.	Dr. Yeh: While Medicare Prescription Drug Coverage is available to everybody with Medicare, we know that there are nearly 6 million people with Medicare, who could get extra help, but are not in one of the programs that automatically qualifies them. Since Andrew may need the extra help with premiums and co-payments, this summer, he should consider submitting application for the extra help to the Social Security Administration.	
32.	Fact File: When Medicare makes drug coverage available to everyone with Medicare, who will be affected? While 75 percent of people with Medicare have drug coverage at some time during the year, some researchers believe that the percentage of the people who have continuous coverage for a full 12 months is closer to 50 percent. Drug coverage is a problem at all income levels. Even among people who have incomes more than 4 times higher than the Federal Poverty Level, one in four lacks drug coverage.	

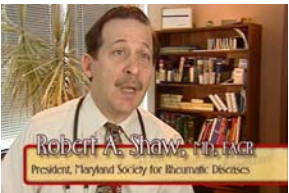

33.	<p>Guest: Laura Friner (Medicare & Employer Sponsored Drug Plan)</p> <p>The diabetes was not a surprise. Number one, weight has always been an issue with me, and I've always been told it's going to catch up with you. That's another story altogether. Um, diabetes ran in my father's side of the family. So that when I was 50, exactly 50, that was so ... I said, as soon as I turn 50, like, I fell apart. Uh, that came up, and I was not surprised. I certainly wasn't happy about it, but I took it pretty easily because I know that today, if you take care of yourself, uh, it's not what it used to be.</p> <p>Diabetes, unchecked, takes your heart, takes your kidneys, and it takes your eyes, and if you don't die, you're going to be so debilitated that you're just not going to be able to go on. Uh, diabetes is also a silent type of disease, just like high blood pressure is. You don't know.</p> <p>So far in the years that I've been under insurance and then Medicare, I've always been very lucky, and they've paid quite a bit of it. So I'd say, in total, it's about 15 pills a day. It's a lot of medication. Every one of them plays an important part of my life, so I'm a walking pharmacy over here.</p>	 A head-and-shoulders portrait of a woman with short, reddish-brown hair, wearing a patterned jacket over a dark top. She is looking slightly to the right of the camera.
34.	<p>Dr. McClellan:</p> <p>Now, Laura, I understand that you, too, were taking some prescription drugs that are making a big difference in your life, and if you didn't have help with your drug coverage, getting those medicines, I guess that would make a big difference.</p>	 A head-and-shoulders portrait of a man with short brown hair, wearing a dark suit and a light blue shirt. He is looking towards the camera. A lower-third graphic identifies him as 'Dr. Mark McClellan, M.D. Administrator, CMS'.



35.	<p>Laura: Big difference, I wouldn't be sitting here. I wouldn't be here. Uh, my endocrinologist told me, quite frankly, that I have a very difficult case of diabetes to treat and if they wouldn't have the medications they have today, I wouldn't be here. I'm taking a very specialized type of insulin that when I've been hospitalized twice, the hospital doesn't carry it. I had to bring my own supply from home until they could order it for me. So you can see how much I rely on my medication. I really, I take two different types of insulin a day. I take about 12 different types of medications a day. And these medications are very, very expensive, and I'm very fortunate because my husband was a Social Security worker, Federal government, so that they pay 75%-85% of what it costs. I'm 69. I became a diabetic at 50. I really believe that by now, it would have ravaged my body and I would be dead.</p>	
36.	<p>[Dr. McClellan and Laura talking at once.]</p> <p>Dr. McClellan: And insulin is keeping you out of the hospital and preventing complications?</p>	
37.	<p>Laura: Absolutely, and thank goodness keeping my kidneys and my heart and all the vital organs in fairly good condition. So I am very, very lucky.</p>	
38.	<p>Dr. McClellan: And so I expect it's pretty important to you that that drug coverage sticks around.</p>	
39.	<p>Laura: Right now, I'm a very privileged person, and I really don't think I would ever want to change. But let me ask you, suppose I'm happy with this and I want to keep this forever. Can I?</p>	

40.	<p>Dr. McClellan:</p> <p>The drug coverage that you've got now through your former employer is going to be around. And one of the things that the Medicare Drug Benefit is going to do is help those kinds of employer coverage continue. There are many employers around the country. You're lucky you have been getting the coverage through Federal Government. But there are a lot of employers around the country covering about 11 million seniors today, who are having trouble continuing their coverage, and with the new Medicare Drug Benefit, there is new financial help available to keep that coverage around.</p> <p>In October, your husband's former employer, just like many employers around the country, is going to be sending a letter out to the people who are getting coverage through their retiree benefits. And that coverage is going to tell them about how they can keep up the benefits they have now and take advantage of the new help from Medicare.</p> <p>For many retirees like you and your husband, the coverage that they're getting is very comprehensive. And all that the Medicare assistance will do will make it cheaper to continue that coverage, so it'll keep it secure. Too many retirees have been losing their coverage in recent years as the costs have been going up, and we're trying to slow down that process. For some other retirees who aren't getting much help now, this will make a big difference. There will be new assistance to help them get their costs down. So if you've got retiree coverage today, there is new help coming, and the bottom line is that you'll be hearing in October about how you can take advantage of this new help and continue the coverage that you depend on right now.</p>	 A small inset video frame showing Dr. Mark McClellan, Administrator of CMS, speaking. He is a man with short brown hair, wearing a dark suit and a light blue shirt. A yellow banner at the bottom of the frame identifies him as "Dr. Mark McClellan, Administrator, CMS".
41.	<p>Laura:</p> <p>Well, that makes me feel a lot better, because I'm here, "uh-oh, wait a minute. Someone's starting to mess around here. What's going to happen to me?" And, yeah, we're just--I'm so tied to every drug. I can't give one of them up. They all are keeping me the way I am today.</p>	 A small inset video frame showing a woman named Laura. She has short brown hair and is wearing glasses with green frames. She is also wearing a necklace with a colorful pendant. The background is slightly blurred, showing what appears to be a studio setting.


42.	Dr. McClellan: That's right, and we want to keep it that way.	
43.	Laura: Well, thank you very much.	
44.	Dr. Yeh: We absolutely want to make sure that that continues...	
45.	Laura: That does make me feel better.	
46.	Dr. Yeh: So the notice that's going to come out this fall is very important to everybody who has drug coverage. If the drug plan that you have now measures up to what Medicare would offer, then you can always have the option to join at a later time and still pay the lowest possible price that's available. But the good news is, watch for that letter that comes out this fall. It'll tell you what to do.	
47.	Laura: Ok.	
48.	Dr. McClellan: Now, I mentioned that there are some people getting retiree coverage now, but they're having to pay almost all the costs themselves. And those retirees are really feeling it in their pocketbooks when they see their drug costs going up and up and up. For those types of beneficiaries, the Medicare coverage may be a better deal for them, and they'll get information this fall so that they can make that decision. If the new Medicare coverage is better than what they're getting through their employer, if they can get their costs down through the new Medicare coverage, they can take that option, too. So for all retirees, whether you got a plan that you like and want to continue, or whether you're struggling even though you're getting a little bit of help from your employer, there's going to be a chance to get more assistance with your drug costs.	

49.	<p>Fact File: Got a minute? That's all it takes to give you the big picture about Medicare's Prescription Drug Coverage. Medicare prescription drug coverage begins in January 2006. This coverage will help people with Medicare pay for the drugs they need. Coverage is available to everyone with Medicare, with additional help for those people who need it the most.</p> <p>Medicare will pay for the brand names and generic prescription drugs. If you already have prescription drug coverage from a former employer or from a union, Medicare is working with them to help you keep the coverage you have.</p> <p>Beginning October 2005, Medicare will bring you details about the Medicare prescription drug plans that are available for you. Everyone will be able to choose from at least two drug plans.</p>	 A graphic titled "Medicare Covers America" with a subtitle "Medicare Fact File". It features a photograph of three people: a man in a white shirt, a woman in a pink shirt, and another person partially visible.
50.	<p>Doctor's Office: [Telephone ringing]</p> <p>Dr. Robert A. Shaw: Carrie, can I have Mrs. X's chart, please?</p> <p>Carrie: Sure.</p>	 A photograph of a doctor's office. A male doctor in a white coat and stethoscope is standing behind a desk, looking at a computer monitor. A female receptionist in a green patterned shirt is seated at the desk, facing away from the camera.
51.	<p>Dr. Shaw: The overwhelming majority of patients that do come here, especially in the 65 and over group, have a lot of multiple problems. Not only will they have arthritis, but they'll have heart disease, lung disease, and peptic ulcer disease. They may even have difficulty breathing because they're smokers. They may be significantly overweight, and all the problems of diabetes and other problems that having excessive weight brings.</p> <p>And so they usually come in here on multiple medications, and it's important to juggle the medications that we give in order to not have side effects, but also not burden the patient too much in terms of cost.</p>	 A photograph of Dr. Robert A. Shaw, a man with a mustache wearing a white lab coat and a stethoscope. He is standing in front of a bookshelf. A red banner at the bottom of the photo reads "ROBERT A. SHAW, M.D., FACP" and "President, Maryland Society for Rheumatic Diseases".

52.	<p>Patient (Mrs. X): ...Unless you want me to just try--</p> <p>Dr. Shaw: ...Going to give you a starter one...</p> <p>Patient (Mrs. X): Ok.</p> <p>Dr. Shaw: ...Let me know how it goes.</p> <p>The different treatments of arthritis that are out there have really changed over the last 20 years. Twenty years ago, when I first came out of my training, the medications that were out there basically slowed down the disease process, but it did not prevent the damage that invariably would take place at the joint level.</p> <p>People did become disabled. Now there are a number of medications that came out in the last six to ten years that have completely changed the playing field, and now we can safely and comfortably tell people that the disability part of arthritis will be significantly slowed down and perhaps not happen at all with these very successful, um, medications that decrease the inflammatory process.</p>	
53.	<p>Robin Berwager: I remember when my Granddad, um, in the sixties, and I believe it was 1965, I was in the kitchen with him and he was taking his morning vitamin, and he was kind of dancing around the kitchen, just talking about this Medicare thing and how Social Security was going to take care of them. And it started off, I know, as something simple as just a hospitalization plan, and, um, things have changed a lot since Granddad has gotten that, and, um, people's expectations of what Medicare will do for them have changed.</p>	

54.	<p>Dr. Yeh: Mark, I know we've learned a lot from our guests today. Heart disease, stroke, cancer, and diabetes account for 80 percent of deaths for seniors. These four conditions also steal time and independence from seniors. What is really sad to me is that, in many of these cases, these conditions could be detected early and with the right treatment and some sensible lifestyle changes, these conditions can be managed so that people live a full and independent life.</p>	
55.	<p>Dr. McClellan: These are really the areas where medicine has been making tremendous progress. For instance, when I talk to my patients about prevention, I really try to emphasize that we know more about treating and controlling these diseases and preventing their complications than ever before. But in order for those prevention activities to occur, in order to prevent the disease complications, the most important thing is that doctors and patients need to make decisions about treatment based on the patient's needs, on what will work, not on what the patient is able to afford. And as you heard from a lot of the people we talked to today, if you don't have good drug coverage, it's really hard to keep up with what modern Medicine can offer to keep you well.</p>	
56.	<p>Dr. Yeh: And that affordability is particularly important, since I know the costs of medicine to treat some of the most prevalent conditions have been increasing faster than the cost of living.</p>	

57.	<p>Dr. McClellan:</p> <p>That's right, and that's why we're doing everything we can to get the drug prices down. Seniors who haven't had drug coverage up until now have been paying some of the highest prices in the world, and that's going to change with this new Medicare drug benefit. The competition, the use of seniors banding together to get lower prices, that's going to drive prices down to the lowest possible levels. And it's important to recognize also that the costs of treating high blood pressure and diabetes and the other conditions that can be managed now very well with medications are nothing compared to the costs of treating strokes and heart attacks and kidney failure.</p> <p>Today, we've talked with three people who know how important it is to have prescription drugs and prescription drug coverage to live a healthy and independent life. We know that there are millions of seniors and people living with disabilities who face an uncertain future without dependable, high-quality drug coverage. This year, we are trying, with the help of our many partners, like Social Security, to reach these people with the good news that help is on the way from Medicare and that there is extra help available to people with limited incomes and resources.</p>	
58.	<p>Dr. Yeh:</p> <p>We also need to reach people who already have coverage, to let them know that Medicare is working with employers and unions to offer coverage that meets Medicare standards and to give these plans the resources to maintain or increase benefits available to their members.</p>	
59.	<p>Dr. McClellan:</p> <p>And if you have questions about Medicare Prescription Drug Coverage, like Debra and Andrew and Laura did, please call our Medicare experts anytime at 1-800-MEDICARE or stop by one of our many community partners. You'll be hearing more from them throughout the year.</p>	

60.	Dr. Yeh: And if you have questions about the extra help that is available to people with limited incomes and resources, call our partners at the Social Security Administration at 1-800-772-1213.	
61.	Dr. McClellan: And don't forget, "Medicare Covers America" will be back in July with more help and information to help you stay healthy, save money, and help others.	
62.	Host: Issue three of "Medicare Covers America" will look at how Medicare and its partners are working together to help people with Medicare pick the drug plan that's right for them. Please check with your local cable company to get the time and date to watch us next in your area. Until then, on behalf of all of us at your Centers for Medicare & Medicaid Services, I'm Stan Stovall. Thanks for watching.	

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